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## FACSIMILE TRANSMISSION

**Total # of Pages, including this page: 24**

TO:	PHONE #:	FAX #:
Examiner Betty J. Forman U.S. Patent and Trademark Office Art Unit 1634	(571) 272-0741	(571) 273-8300

**From :** Barry S. Wilson  
**Email Address :** bwilson@foley.com  
**Sender's Direct Dial :** 858.847.6722  
**Date :** November 9, 2005  
**Client/Matter No :** 074022-3302  
**User ID No :** 3067

### MESSAGE:

U.S. Patent Application No. 08/950,963

Following is:

- 1) Amendment Transmittal (3 pages, in duplicate);
- 2) Amendment and Interview Summary (14 pages); and
- 3) Terminal Disclaimer (3 pages).

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Cover Page 1 of 1

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DLMR\_277282.1

PAGE 1/24 \* RCVD AT 11/9/2005 3:07:46 PM [Eastern Standard Time] \* SVR:USPTO-EFAXRF-6/28 \* DNIS:2738300 \* CSID: \* DURATION (mm-ss):08-20

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Atty. Dkt. No. 074022-3302

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: DREWES et al.

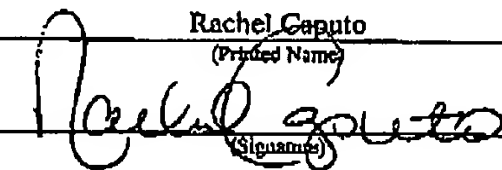
Title: METHODS AND DEVICES FOR  
MASS TRANSPORT ASSISTED  
OPTICAL ASSAYS

Appl. No.: 08/950,963

Filing Date: 10/15/1997

Examiner: Betty J. Forman

Art Unit: 1634

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia (571.273.8300) on the date below.	
Rachel Caputo	(Printed Name)
	(Signature)
November 9, 2005	(Date of Deposit)

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Amendment and Interview Summary (14 pgs.);☒ Terminal Disclaimer (3 pgs.);☐ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	40	-	105	=	0	x	\$50.00	=	\$0.00
Independent Claims:	13	-	16	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00

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Atty. Dkt. No. 074022-3302

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 CLAIMS FEE TOTAL = \$0.00
 

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- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input checked="" type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$130.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$130.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$130.00

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- ☒ Please charge Deposit Account No. 50-0872 in the amount of \$130.00. A duplicate copy of this transmittal is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Atty. Dkt. No. 074022-3302

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 11/09/2005

By Barry Wilson

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